CONTRACT #8 RFS # N/A UT Tracking # 97677

University of Tennessee Health Science Center

VENDOR: Semmes-Murphey Clinic



Vice President for Administration and Finance

RECEIVED

711 Andy Holt Tower Knoxville, TN 37996-0174 Phone: (865) 974-2243 Fax: (865) 974-1324

November 6, 2006

NOV 0 7 2006

FISCAL REVIEW

Mr. Jim White Executive Director Fiscal Review Committee 320 Sixth Avenue, North – 8th Floor Nashville, TN 37243-0057

Dear Mr. White:

The University of Tennessee is submitting for the committee's review a non-competitively bid contract with the Semmes-Murphey Neurologic and Spine Institute Clinic for nursing services in the Movement Disorders Clinic.

Patients enrolled in the Movement Disorders Clinic may also be followed privately in the clinic setting where the faculty member sees his private practice patients. Semmes-Murphey Neurologic and Spine Institute is the venue for patient care in the UT Neurology Department and why they are the selected vendor for this service. This contract provides nursing services for the Movement Disorders Clinic including clinical care, clinical research, patient education, patient counseling, newsletter preparation and maintenance of the research data base.

Although this particular contract would not ordinarily meet the committee's review criteria, the UTHSC has contracted with the Semmes-Murphey Clinic for these services since FY 1998 at a total cost, including this amendment, of \$523,285.65. Because the previous contracts, as is the contract now submitted for your review, were annual contracts we failed to note the need for the committee's review. Based on information obtained at the August 24, 2006 meeting, we are in the process of reviewing previous contracts to identify those on-going services that fall under the review guidelines.

If you have questions or need additional information, please let me know.

Respectfully,

Sylvia Shannon Davis

Vice President for Administration and Finance

C:

Dr. John D. Petersen

Sylvia Shannon Jams

Mr. Anthony Ferrara

Mr. Anthony Haynes

Dr. William Owen

			C C	NTRACT	s U	MMAR	Y S	SHE	E T		021406
RFS#	运送 多条					Contract #			1 1		
	***************************************								N/A		
State Agency			State Agency Division								
University of Tennessee				UT Health Science Center							
Contractor Name				Contractor ID:# (FEIN or SSN)							
Semmes-Murphey Clinic					`_C-	or	V-	62-0642575	Med establishe		
Service	THE RESIDENCE OF THE SECOND	and a business are not a residence of a post of a residence									
Acquire nursing services for the Movement Disorders Clinic											
Contract BECIN Date			A SERVICE AND	Contract END Da	A MARKET HE ASSESSED AND				FDA# N/A		
January 1, 2006		December 31, 20		O7 Vendor		IVA					
Carrier Authorities to the Con-	a respectively some and	Statement	<u> </u>			I Cantracta	re Eo	rm W_Q	is on file in	Accoun	ts
		tor is on STA		Object Code	patharibak e ik	ind			ant Code		g Subgrant Code
Contraction of the state	nt Code 2.30	Cost Cente		N/A	Samuel har contibute	//A		N/A	To Block of Blocks Action St. etc. 18 See		N/A
FY	to the fourth of	State		Federal		epartmenta			ther	TOTAL	Contract Amount
2006			3.15.52.5				1,5176		\$29,730.15	\$	29,730.15
2007		**	<u> </u>				\$		61,118.38	\$	90,848.53
2008							\$		30,785.40	\$	121,633.93
										\$	+-
			<u> </u>					_		\$	
			<u> </u>						-	\$	
TOTAL:	\$		\$	- :	\$		\$		121,633.93	\$	121,633.93
经常的 研究等時期 鐵路	'	E FOR AMEN		TSTONLY		gency Fisc		tact &	Telephone#		
FΥ	Base	Contract &	AND REAL PROPERTY.	S Amendment ONEY	Common Principles				vis 865-974 - 22		
2006	\$	29,730.15	and the second		State A	gency Bud	get Off	licer Ap	oproval		
2007	\$	30,332.97	\$	30,785.41	CANCEL SEAL OF BEAUTY	SCHOOL STATE OF STATE		The Language of the Language o			
2008	\$		\$	30,785.40		Sylvi	ia Davi:	s, VP A	dministration	and Fina	ance
					Funding) Certificati	i on (cer	tification	ı,⊧required.by T	.G.A., §.9	-4-5113, that there is
	1		<u> </u>		a balance paid that	in the appro is not otherw	priation ise encu	mbered Imbered	iich the obligat I to pay obligati	ons previ	liture is required to be ously incurred)
TOTAL:	\$	60,063.12	\$	61,570.81							
End Date			 								
Contrac	tor Own	ership (compl	ate only	for base contracts	with contra	act#prefix: F	A or GF	R) N/A		神動物	
7-019-20 MAIN (ASSESSMENT)	can Ameri	Witch Charles and Charles and Charles	a section the section	n w/ Disability		panic			l Business	ИО	T disadvantaged
Asian		Female		Nat	ive Americaı	n 🗀	OTHE	R minority/dis	sadvanta	ged—	
Contrac	tor Sele	ction Method	(compl	ete for ALL base co	ntracts—	N/A to amen	dments	or deleg			
RFP Compet			tive Negotiation Alternative Competitive Method								
X			on w/ Government(eg,iD,GG,GU) Other								
Procurement Process Summary (complete for Alternative Method; Competitive Negotiation; Non-Competitive Negotiation, OR Other)											
Patients enrolled in the Movement Disorders Clinic may also be followed privately in the clinic setting where the faculty member sees his private practice patients. Semmes-Murphey Neuroloic and Spine Institute is the venue for patient care in the UT Neuorology Department and why they are the selected vendor for this service.											

THE UNIVERSITY OF TENNESSEE REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED:	
UT System Office Approval	. Date
or bystom omoc Approva.	

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.						
1)	UT Tracking Number:	97677				
2)	Campus/Institute Name: Memphis/07					
-	EXISTING CONTRACT INFORMATION					
3)	Short Description:	Nursing services for the Movement Disorders Clinic including clinical care, clinical research, patient education, patient counseling, newsletter preparation and maintenance of research data base. This contract will extend through 12/31/2007 with an increase of \$61,570.81 to contract #96074.				
4)	Proposed Vendor:	Name:	Semmes-Murphey Clinic			
		Vendor Number:	1010083			
		Vendor ID:	62-0642575			
5)	Contract #	50644				
6)	Contract Start Date:	1/01/1998				
7)	Current Contract End Date	12/31/2006				
8)	8) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised: 461,714.84					
PROPOSED AMENDMENT INFORMATION						
9)	Proposed Amendment #	1/01/2007				
10)	Proposed Amendment Effo	12/31/2007				
11)	Proposed Contract End Da	523,285.65				
12) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised:						
13)) Approval Criteria: use of Non-Competitive Negotiation is in the best interest of the university (select one)					
	only one uniquely qualified service provider able to provide the service					

	The state of the s
14) Description of the Proposed Amendment Effects & Any Additional Service	
This amendment will increase the dollar amount by \$61,570.81 and extend the time periowill remain the same.	d through 12/31/2007. The services
15) Explanation of Need for the Proposed Amendment:	
A clinical setting is required to execute research protocols.	
16) Name & Address of Vendor/Contractor's Current Principal Owner(s): (not required if principal institution)	proposed contractor is a state education
Semmes-Murphey Clinic, 6325 Humphreys Blvd. Memphis, TN 38120	
17) Documentation of Office for Information Resources Endorsement; N/A (required only if the subject service involves information technology)	
18) Documentation of Department of Personnel Endorsement: N/A (required only if the subject service involves training for state employees)	
19) Documentation of State Architect Endorsement: N/A (required only if the subject service involves construction or real property related services)	
20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procur	ement Alternatives :
These services have to be contracted out because the availability of these specifice type servic University.	es is not available through the
21) Justification for the Proposed Non-Competitive Amendment :	
These services have to be acquired through a non-competitive procedure because patients tha Studies may be followed privately (in addiction to study visits) in the clinic setting where the Privaces his private practice patients. Semmes-Murphey Neurologic and Spine Institute is the venue the UT Neurology Department. Dr. Ronald Pfeiffer is a full-time employee of the University of Top Department of Neurology, therefore, it is necessary to have this service agreement in place to contact the contact of the contact	ue for patient care by full-time faculty in ennessee Hewalth Science Center
APPROVALS: \$50,000 or Less	
(Markel Comelle	10-20-06
Department Head or Designee	Date
Campus/Unit Purchasing Officer or Designee	Date
Chancellor/Chief Business Officer or Designee Additional Approval (System) Greater than \$50,000	Date
Vice President or their Designee	Date

97677

THE UNIVERSITY OF TENNESSEE CONTRACT AMENDMENT

	ee wax eeximals a solution	he University of Tennessee (hereinafter University and (hereinafter Contractor), which Contract was signed by the
Semmes-Murphey Clinic		(hereinatter Contractor), which Contract was signed by the
Iniversity on	1/1/2006	
This Contract amend	dment consists of this co	ver page, the University's Standard Terms and Conditions and
_	dditional pages.	, , , , , , , , , , , , , , , , , , , ,
au	Iditiolist bages.	
By mutual agreemer	nt, the University and the	Contractor agree to the following amendment:
Amend contract #96074.		
 Extend the end date of the second control of the seco	aximum liability under this c 570,81 which includes an an	2/31/2007. contract to \$121,533.93. nnual salary of \$50,924.52 per year and fringe benefits totaling
A 24 - 141 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ta usabanaad	and the second s
All other terms rema	ain unchanged.	
		reement, the parties have had this Contract executed by their duly
n witness of their acceptanc		reement, the parties have had this Contract executed by their duly
n witness of their acceptance of their acceptance of their acceptance of their acceptance.		
n witness of their acceptance of their accepta		FOR UNIVERSITY:
n witness of their acceptant outhorized representatives. FOR CONTRACTOR:		FOR UNIVERSITY: Neurology
n witness of their acceptance outhorized representatives. FOR CONTRACTOR: Signature im Roberts		FOR UNIVERSITY: Neurology Department Name
n witness of their acceptance of their accepta		FOR UNIVERSITY: Neurology Department Name R073280012
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator		FOR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable)
n witness of their acceptance outhorized representatives. FOR CONTRACTOR: Signature of Roberts Printed Name of dministrator Title		FOR UNIVERSITY: Neurology Department Name R073280012
n witness of their acceptance outhorized representatives. FOR CONTRACTOR: Signature of the Roberts Printed Name of the Market of the Roberts diministrator Title of the Robert of the Ro		FOR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional)
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator Fitte emmes-Murphey Clinic		FOR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable)
n witness of their acceptance outhorized representatives. FOR CONTRACTOR: Signature on Roberts Printed Name deministrator Title emmes-Murphey Clinic		FOR UNIVERSITY: Neurclogy Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator Fitte emmes-Murphey Clinic Address 325 Humphreys Blvd.		POR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name Authorized Official Signature Anthony A. Ferrara
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator Fitte emmes-Murphey Clinic Address 325 Humphreys Blvd.		POR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name Authorized Öfficial Signature Anthony A. Ferrara
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator Fittle emmes-Murphey Clinic Address 325 Humphreys Blvd. emphis, TN 38120		FOR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name Authorized Öfficial Signature
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name deministrator Title emmes-Murphey Clinic Address 325 Humphreys Blvd. emphis, TN 38120		POR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name Authorized Official Signature Anthony A. Ferrara
n witness of their acceptance authorized representatives. FOR CONTRACTOR: Signature im Roberts Printed Name dministrator Fitle emmes-Murphey Clinic		POR UNIVERSITY: Neurology Department Name R073280012 Responsible Account (if applicable) Administrative Signature (optional) Administrative Printed Name Authorized Official Signature Anthony A. Ferrara Authorized Official Operations

THE UNIVERISTY OF TENNESSEE

CONTRACT

	105, documents the agreement between the University of Tennessee (neremanter their Contractor).				
This Contract consists of this cover page, the U pages, Terms contained on this cover page and the Universities otherwise stated under "Other terms" below.	Iniversity's Standard Terms and Conditions (on reverse), andadditional rsity's Standard Terms and Conditions shall prevail over those of any attachment				
Contractor will provide the following:					
Nursing services for the Movement Disorders Clinic, in newsletter preparation and maintenance of research da See attached job description.	ncluding clinical care and research coordination, support group assistance, atabase.				
The period of performance under this contract is may terminate this Contract by giving the Contractor at le event the Contractor shall be entitled to receive equitable date.	from 1/1/2006 through 12/31/2006. However, the University east thirty (30) days written notice before the effective termination date, in which compensation for satisfactory authorized work completed as of the termination				
The University will compensate the Contractor	per as invoiced				
The University's maximum liability under this C	Contract is \$60,063.12				
Other terms:					
Reimbursement will include a salary of \$49,445.57 per year and fringe benefits totaling \$10,617.55 per year for an annual total of \$60,063.12.					
In witness of their acceptance of the terms of this agree representatives.	eement, the parties have had this Contract executed by their duly authorized				
FOR CONTRACTOR:	FOR UNIVERSITY:				
Name Tim Roberts	Neurology Department Name				
Administrator Title	Responsible Account (If applicable)				
Semmes-Murphey Clinic Address	, ,				
6325 Humphreys Blvd.	Administrative Signature (Optional)				
Memphis, TN 38120	7				
(901) 522-7700	tamala H. Vallager				
62-0642575 SSN or Fed. Id. No.	Date Appleted Vice Chancellor				
Rev. 2-1-97 .	Date Assistant Vice Chancellor Finance				
	6/28/06				

Movement Disorders Research Nurse Coordinator Position Job Description and Duties

Help Investigator identify appropriate study subjects.

Explain details of study procedures to subjects.

Obtain and maintain informed consent throughout the study.

Perform various study specific exams and questionnaires.

Coordinates anywhere from 5 to 6 studies concurrently

Performs vitals signs (height, weight, blood pressure, orthostatic blood pressure, pulse)

Performs ECGs

Performs blood draws

Prepares samples for proper shipment to outside labs (includes spinning, separating blood, properly packaging)

Completes case report forms (CRFs)

Completes queries from sponsor

Schedules research patient appointments to fall within appropriate time windows allowed in protocol

Makes schedule phone contacts for research protocols

Obtains MD signature on necessary CRFs and other research-related documents for official records

Liaison with sponsor/monitor

Schedules and prepares for monitoring visits

Confers with monitors to resolve discrepancies

Maintains drug accountability for studies

Additional Terms to this Service Agreement:

Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Contractor by the University or acquired by the Contractor on behalf of the University shall be regarded as confidential information in accordance with the provisions of applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards. Such confidential information shall not be disclosed to any third party, and all necessary steps shall be taken by the Contractor to safeguard the confidentiality of such material or information in conformance with applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards.

The Contractor's obligations under this section do not apply to information in the public domain; entering the public domain but not from a breach by the Contractor of this Contract; previously possessed by the Contractor without written obligations to the University to protect it; acquired by the Contractor without written restrictions against disclosure from a third party which, to the Contractor's knowledge, is free to disclose the information; the Contractor can prove by written documentation was independently developed by the Contractor without the use of the University's information; or, disclosed by the University to others without restrictions against disclosure. Nothing in this paragraph shall permit Contractor to disclose any information that is confidential under federal or state law or regulations, regardless of whether it has been disclosed or made available to the Contractor due to intentional or negligent actions or inactions of agents of the University or third parties.

It is specifically agreed that all information provided to or generated by Contractor under this Agreement, whether such information originates with Contractor, University, or a third party, shall be considered confidential and shall not be disclosed without prior written permission of University, or as required by applicable law.

HIPAA Compliance. Contractor warrants to the University that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of this contract. Contractor warrants that it will cooperate with the University in the course of performance of the contract so that both parties will be in compliance with HIPAA, including cooperation and coordination with University privacy officials and other compliance officers required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the University and Contractor in compliance with HIPAA, including but not limited to business associate agreements.

<u>Data Ownership</u>. Contractor shall make no claim to data arising under this Agreement; all such data shall be owned by University or such other entity as University shall determine.

<u>Inventions</u>. Contractor shall make no claim to inventions or discoveries arising under this Agreement; all such inventions or discoveries shall be owned by University or such other entity as University shall determine.

Access to Records. Contractor agrees to allow University and the study sponsor/funding agency and regulatory agencies access to relevant medical records generated under this Agreement, subject to applicable laws.

<u>Contractor employees and agents</u>. Contractor shall require that its employees and agents who provide services hereunder or who have access to information or data acquired or generated hereunder are bound by the provisions of this Agreement.

<u>Third Party Payer</u>. The Contractor will not seek reimbursement from any federal healthcare program or third party payer for any amounts paid by University that are being reimbursed as study related services.

Debarment Certification. Contractor certifies that it is not and does not use in any capacity the services of any person debarred under the Generic Drug Enforcement Act of 1992, subsections 306(a) or 306(b); or any testing facility disqualified under CFR Part 58, Subpart K, or a clinical investigator disqualified under 21 CFR 312.70, in connection with any of the services performed by Contractor pursuant to this Agreement. Contractor agrees that it will immediately disclose in writing to University if it becomes aware of any person, testing facility or clinical investigator engaged in the performance of services under this agreement is disqualified or debarred, or if any action, suit, claim, investigator or legal or administrative proceeding is pending or threatened, relating to the debarment or disqualification of Contractor or any person performing services hereunder.

It is expressly understood and agreed that the obligations set forth in this section shall survive the termination of this Contract.